

***FIRST INTERIM NARRATIVE REPORT – Postmarked by
September 15, 2005***
For the months of May, June, July, August 2005
TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
FY 2005-06 LIBRARY SERVICES AND TECHNOLOGY ACT
Library Services for the Disadvantaged Direct Service Grant

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address: _____ Phone: (____) _____

Total Amount of Grant: \$ _____

1. List each projected Outcome and indicate the progress that has been made toward reaching it. (Use an additional sheet, if necessary):

2. Are the activities included in your timeline completed as scheduled?
_____ Yes _____ No

If NO, please list those activities that have not been completed as scheduled, explain the delay and indicate the revised target date to complete the activities. (Use an additional sheet, if necessary):

Signature: _____ Date: _____
Project Director

Signature: _____ Date: _____
Project Administrator

Signature: _____ Date: _____
Library Board Chairperson/Authorized Agent